



**State of New Jersey  
Department of Banking and Insurance  
Third Party Administrator (TPA)  
APPLICATION FOR LICENSURE OR REGISTRATION  
FORM**

**Instructions**

The information required by this Application is based upon the Third Party Administrator Act, **N.J.S.A. 17B:27B-1 et seq.** and **N.J.A.C. 11:QQ-1 et seq.** Additional information may also be required by the Commissioner of Banking and Insurance as deemed necessary in the course of reviewing the information submitted.

Submit **two (2) copies** of the application in three-ring hard cover binders that identify the submission on the front and spine of the binder to the:

New Jersey Department of Banking and Insurance  
Office of Life and Health  
Attn: Third Party Administrator License / Registration  
20 West State Street  
P.O. Box 325  
Trenton, NJ 08625-0325

Complete the application cover sheet and provide responses to all items with supporting documentation. Number each response and document according to the item number to which it is intended to respond. Number each page within the section in the upper right hand section and corner in consecutive order.

1. The completed Application Cover Sheet (form enclosed).
2. A copy of the applicant's basic organizational documents, which shall include articles of incorporation, articles of association, partnership agreement, management agreement, trust agreement or other documents governing the operation of the applicant that are applicable to the applicant's form of business organization.
3. A copy of the executed bylaws, rules and regulations, or other documents relating to the operation of the applicant's internal affairs.
4. A list of the names, addresses and official positions of the persons responsible for the conduct of the affairs of the applicant, including, but not limited to if applicable:
  - a) the members of the board of directors, executive committee or other governing board or committee;
  - b) the principal officers or partners,
  - c) shareholders owning or having the right to acquire 10% or more of the voting securities of the corporation or partnership interest of a partnership, or equity interest, in the case of another form of business organization;
  - d) any person or entity who has loaned funds to the applicant for the operation of the business.
5. A fully completed and notarized Biographical Affidavit for each of those persons identified in response four (4) above (form enclosed or NAIC form).
6. A statement of any criminal convictions and civil, regulatory or enforcement action, including actions related to professional licensing, taken or pending against any principal officer or owner of the applicant; and the relationship with any other business entity, including a parent corporation.
7. A copy of the applicant's most recent financial statements audited by an independent certified public accountant. If the financial affairs of the applicant's parent company are audited by an independent certified public accountant, but those of the applicant are not, then a copy of the most recent audited financial statement of the applicant's parent company, audited by an independent certified public accountant, shall be submitted. A consolidated financial statement of the applicant and the parent company shall satisfy this requirement unless the Commissioner determines that additional or more recent information is required for the proper administration of the Act.
8. A copy of the applicant's business plan, including:
  - a) A statement generally describing the applicant, its facilities, personnel, and the services to be offered by the third party administrator;
  - b) Information on activities undertaken or to be undertaken in New Jersey;

- c) A statement of the applicant's capability for providing a sufficient number of experienced and qualified personnel in the areas of claims processing and record keeping and information on staffing levels, including but not limited to training, hiring requirements, experience of staff;
- d) A description of the applicant's fraud prevention plan;
- e) A description of the applicant's prompt pay plan ;
- f) A description of the applicant's turn around time on claim payments;  
**[In the case of application for registration, the information required shall apply only to services provided to benefit payers other than an insurer.]**
- g) A description of the applicant's record retention policy;
- h) Evidence of establishment of a separate account for each benefits payer for payment of claims with a description of controls the applicant has put in place for it;
- i) Evidence of a fidelity bond [minimum amount of \$100,000 on each director, officer, partner or employee];
- j) A description of the applicant's proposed method of marketing its services in New Jersey;
- k) A statement setting forth the means by which the applicant will be compensated; **[In the case of application for registration, the information required shall apply only to services provided to benefit payers other than an insurer and may not result in the assumption of financial risk by the applicant].**
- l) A description of the complaint and appeals procedures instituted by the applicant;
- m) A description of the quality assurance procedures established by the applicant;
- n) Three year projections of anticipated operating results;
- o) A description of the assumptions used in the projections that shall include an explanation of each line item;
- p) A statement of the sources of working capital and any other sources of funding;
- q) A description of the provision of contingencies that enable the applicant to perform the work for which it has contracted;
- r) A list of the benefit payers under contract with the applicant and a copy of the standard contract or contracts used by the applicant in the course of business. **[In the case of application for registration, the information required shall apply only to services provided to benefit payers other than an insurer].**
- s) A list of the subcontractors under contract with the applicant and a copy of the standard contract or contracts used by the applicant in the course of business with subcontractors;
- t) A list of reinsurers with whom the applicant does business and copies of the contract or contracts used by the applicant in the course of business with reinsurers
- u) A list of all administrative, civil or criminal actions and proceedings to which the applicant, or any of its affiliates have been subject and the resolution of those actions and proceedings. If a license, certificate or other authority to operate has been refused, suspended or revoked by

any jurisdiction, the applicant shall provide a copy of any orders, proceedings and determinations relating thereto;

- v) A power of attorney, duly executed by the applicant, if not domiciled in this State, appointing the Commissioner and his successors in office as the true and lawful attorney of the applicant in and for this State upon whom all lawful process in any legal action or proceeding against the organization on a cause of action arising in this State may be served (form enclosed)

**State of New Jersey**  
**Department of Banking and Insurance**  
**Third Party Administrator (TPA)**  
**APPLICATION COVER SHEET**

1. Type of Application:      Licensure \_\_\_\_\_      Certification \_\_\_\_\_
2. Name of Applicant \_\_\_\_\_
3. Physical Address of Applicant \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Organizational Information  
\_\_\_\_\_ Individual \_\_\_\_\_ Corporation \_\_\_\_\_ Trust  
\_\_\_\_\_ Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ Other
6. Provide a brief description of the services that the applicant will be providing and who it intends to provide those services for:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. City and State of Incorporation      City \_\_\_\_\_      State \_\_\_\_\_  
(as applicable)
8. Federal Employer Identification number or \_\_\_\_\_ - \_\_\_\_\_  
Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
9. Contact Person \_\_\_\_\_
10. Phone Number (      ) \_\_\_\_\_
11. Toll Free Number (      ) \_\_\_\_\_
12. Fax Number (      ) \_\_\_\_\_
13. E-Mail Address \_\_\_\_\_

14. Resident Status \_\_\_\_\_ Resident of New Jersey  
\_\_\_\_\_ County in which Home Office is located for NJ  
\_\_\_\_\_ Residents  
\_\_\_\_\_ Non-Resident of New Jersey

**Certification**

I \_\_\_\_\_ certify that I am authorized to file this certification on  
(Name and Title)

behalf of the applicant, the information set forth in the enclosed application and herein is true to the best of my knowledge, belief and information and that the Commissioner of Banking and Insurance may rely on the information set forth in the application and herein in determining whether to grant a license or certification pursuant to N.J.S.A. 17B:27B-1 et seq.

I further certify that \_\_\_\_\_ is familiar and will comply  
(Name of Applicant)

with the requirements set forth in N.J.S.A. 17B:27B-1 et seq. and N.J.A.C. 11:QQ-1.1 and all other applicable law.

\_\_\_\_\_  
Signature of Officer or Director

\_\_\_\_\_  
Full Legal Name ( Type or Print )

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

State of \_\_\_\_\_

County of \_\_\_\_\_

Personally appeared before me the above named \_\_\_\_\_ personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this \_\_\_\_\_ of \_\_\_\_\_  
20\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

Seal

My Commission Expires \_\_\_\_\_

## BIOGRAPHICAL AFFIDAVIT

(Print or Type)

Full Name and Address of Applicant (Do not use Group Names).\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

In connection with the above-named applicant, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS 'NO' OR 'NONE', SO STATE.

1. Affiant's Full Name (Initials not acceptable).

\_\_\_\_\_  
\_\_\_\_\_

2. Have you ever had your name changed? \_\_\_\_\_ If yes, give the reason for the change.\_\_\_\_\_

a) Other names used at any time.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Affiant's Social Security Number\*.

\_\_\_\_\_

4. Date and place of birth.

\_\_\_\_\_  
\_\_\_\_\_

5. Affiant's business address.

\_\_\_\_\_

\* this item may be submitted on a separate form to maintain confidentiality

Business telephone.

\_\_\_\_\_

6. List your residences for the last ten (10) years starting with your current address, giving\*:

DATE	ADDRESS	CITY and STATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Education: dates, names, locations and degrees.

a) College.

\_\_\_\_\_  
\_\_\_\_\_

b) Graduate Studies.

\_\_\_\_\_  
\_\_\_\_\_

c) Others.

\_\_\_\_\_  
\_\_\_\_\_

8. List of memberships in professional societies and associations.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Present or proposed position with the applicant.

\_\_\_\_\_

10. List complete employment record (up to and including present jobs, positions, directorates or officerships) for the past twenty (20) years, giving:

\* this item may be submitted on a separate form to maintain confidentiality

DATE	EMPLOYER and ADDRESS	TITLE

11. Present employer may be contacted.    ☐ Yes    ☐ No  
 Former employers may be contacted.    ☐ Yes    ☐ No
12. Have you ever been in a position that required a fidelity bond?    ☐ If any claims were made on the bond, give details.
- \_\_\_\_\_
- \_\_\_\_\_
- a) Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?    ☐ If yes, give details.
- \_\_\_\_\_
- \_\_\_\_\_
13. List any professional, occupational and vocational licenses issued by any public or governmental licensing agency or regulatory authority which you presently hold or have held in the past (state date license issued, issuer of license, date terminated, reasons for termination).    \_\_\_\_\_
14. \_\_\_\_\_
14. During the last ten (10) years, have you ever been refused a professional, occupational or vocational license by any public or governmental licensing agency or regulatory authority, or has any such license held by you ever been suspended or revoked?    ☐ If yes, give details.
- \_\_\_\_\_
- \_\_\_\_\_
15. List any insurers, prepaid dental plans, health service corporations or health maintenance organizations, in which you control directly or indirectly or own legally or beneficially 10% or more of the outstanding stock (in voting power).
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

If any of the stock is pledged or hypothecated in any way, give details.

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16. Will you or members of your immediate family subscribe to or own, beneficially or of record, shares of stock of the applicant-organized delivery system or its affiliates? \_\_\_\_\_. If any of the shares or stock are pledged or hypothecated in any way, give details. \_\_\_\_\_

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17. Have you ever been adjudged a bankrupt?

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18. Have you ever been convicted or had a sentence imposed or suspended or had pronouncement of a sentence suspended or been pardoned for conviction of or pleaded guilty or *nolo contendere* to an information or indictment, charging any felony, or charging a misdemeanor involving embezzlement, theft, larceny or mail fraud, or charging a violation of any corporate securities statute or any insurance law, or have you been a subject of any disciplinary proceedings of any federal or state regulatory agency? \_\_\_\_\_ If yes, give details.

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- a) Has any company been so charged, allegedly as a result of any action or conduct on your part? \_\_\_\_\_ If yes, give details.

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19. Have you ever been an officer, director, trustee, investment committee member, key employee or controlling stockholder of any insurer, prepaid dental plans, health service corporations or health maintenance organizations, which, while you occupied such a position or capacity with respect to it, became insolvent or was placed under supervision or in receivership, rehabilitation, liquidation or conservatorship?

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20. Has the certificate of authority or license to do business of any insurer, prepaid dental plans, health service corporations or health maintenance organizations, of which you were an officer or director or key management person ever been suspended or revoked while you occupied such position? \_\_\_\_\_ If yes, give details.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*

Dated and signed this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_. I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to be best of my knowledge and belief.

\_\_\_\_\_  
(Signature of Affiant)

State of \_\_\_\_\_

County of \_\_\_\_\_

Personally appeared before me the above named \_\_\_\_\_ personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this \_\_\_\_\_ of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

Seal                      My Commission Expires \_\_\_\_\_

**Appointment of Attorney for the State of New Jersey**

KNOW ALL MEN BY THESE PRESENTS: That the \_\_\_\_\_  
of the \_\_\_\_\_ of \_\_\_\_\_ in the  
\_\_\_\_\_ of \_\_\_\_\_, desiring to do  
business in the State of New Jersey in conformity with the laws thereof, hereby,  
constitutes and appoints the Commissioner of Banking and Insurance of New Jersey,  
and his or her successor in office, to be its true and lawful Attorney, upon whom all  
original process in any action or legal proceeding against said  
\_\_\_\_\_ may be served. And the said  
\_\_\_\_\_ hereby stipulates and agrees that any original  
process against it, which is served upon said Attorney, shall be of the same legal force  
and validity as if served upon said  
\_\_\_\_\_, and that the authority of said  
Attorney shall continue in force irrevocable so long as any liability of said  
\_\_\_\_\_ remains outstanding in New Jersey.

IN WITNESS WHEREOF, the said \_\_\_\_\_  
has caused these presents to be subscribed by its President, and attested by its  
Secretary, and its corporate seal to be hereunto affixed, this \_\_\_\_\_ day of  
\_\_\_\_\_ 20\_\_\_\_.

(Corporate Seal--if applicable)

\_\_\_\_\_  
President(or authorized representative)

\_\_\_\_\_  
(Print or Type Name)

Attest:

\_\_\_\_\_  
Secretary (or authorized representative)

\_\_\_\_\_  
(Print or Type Name)